

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005361
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 May 2016 10:05	11 May 2016 17:45
12 May 2016 08:00	12 May 2016 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. As the centre was not yet registered, the centre was not actively providing residential services at the time of inspection and there were no residents living at the centre.

How we gather our evidence

As part of the inspection, the inspector met and interacted with two prospective residents who outlined that they were both looking forward to moving into their new

home and their input had been sought in relation to décor and layout of the centre. The inspector reviewed documentation such as policies and procedures, risk assessment and templates. A number of staff had been identified to work in the centre and interviews were carried out with the person in charge and three staff members.

Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. The centre was a detached two storey domestic house located in a housing development close to a large town. The service was available to adult men and women who have intellectual disabilities.

Overall findings

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in the following areas:

- admissions were in line with the statement of purpose (outcome 4)
- safe fire safety systems were in place (outcome 7)
- effective management systems were in place (outcome 14).

Improvements were required in the following areas:

- assessment by a healthcare professional to ensure that the centre meets the prospective residents' needs (outcome 5)
- review of risk assessments (outcome 7)
- staff knowledge in relation to safeguarding (outcome 8).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and senior staff outlined that the centre aimed to respect residents' dignity and maximise their independence, while also being respectful when providing assistance.

Arrangements were in place to ensure that residents and their representatives were actively involved in the centre. The person in charge outlined regular house meetings were planned to ensure that residents were consulted about, and participated in, decisions about their care and the organisation of the centre. A representative of the centre would attend the organisation's local self-advocacy meetings. The meetings took place at least six times per year and issues such as social events and development of information in easy read format were discussed. Representatives from the local advocacy group attended the regional advocacy group who meet the local management teams at least three times per year.

Measures were in place to ensure that residents were enabled to exercise control and choice over his/her life in accordance with his/her preferences. There was evidence that residents had been encouraged to choose and personalise their own bedrooms.

The person in charge confirmed that arrangements were in place to ensure that support was provided in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, the inspector noted that the intimate care protocol template included the identification of residents' ability to perform tasks in relation to personal hygiene and dressing.

Systems were in place for residents to maintain their own privacy and dignity. A bedroom was provided for each resident. Shared sanitary facilities were provided and the person in charge outlined the measures to protect residents' privacy and dignity. However, the lock provided on the door to the en suite sanitary facilities for the ground floor bedroom was not suitable. At the time of the inspection, a traditional lock and key was provided which the person in charge confirmed the prospective resident would not be able to use independently to promote her own privacy and dignity. In addition, inadequate screening had been provided in the large bay window of a bedroom to ensure the occupant's privacy and dignity.

There was a complaints policy which was also available in an accessible format and had been reviewed in March 2016. The policy was displayed prominently. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation.

The complaints log recorded the investigation, responses and outcome of any complaints. The complaints log also included whether the complainant was satisfied. The person in charge demonstrated a proactive approach to complaints and confirmed that she would respond to any complaints promptly.

Adequate and ample storage was provided for residents' personal possessions. The policy in relation to residents' personal possessions outlined that records in relation to residents' valuables were maintained and updated regularly. Adequate facilities were available for residents to do their own laundry, if they wished.

A protocol had been developed by the person in charge in relation to the proposed management of residents' finances. The protocol ensured that residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were to be completed annually for each resident which outlined the supports and training needs, if any, required. A transparent and robust system was in place for the management of residents' finances who required support in this area. An itemised record of the all transactions with the accompanying receipts was to be kept.

Easy read information was provided to residents in relation to their rights. The person in charge the measures in place to support residents in exercising their civil, political and religious rights. Residents were to be afforded the opportunity to vote. Residents were to be supported to access religious services in line with their wishes.

Judgment:
Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector noted that a policy and procedure were in place in relation to communication with residents which outlined that the resident's right to communicate was facilitated and promoted. The policy stated that residents were assisted and supported to communicate at all times in line with their wishes and needs. The communication domain of the personal plans allowed for the recording of residents' individual communication requirements. The person in charge confirmed that a process was in place to access specialist speech and language service where necessary.

The centre was part of the local community and the inspector observed that radio, television and internet were provided for residents.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose outlined that family members and friends were encouraged to visit and made feel welcome. The prospective residents lived in the locality and attended the centre for day service. A telephone and wireless internet were available for residents to keep in regular contact with family. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

The inspector reviewed the policy in relation to visitors, which had been reviewed in November 2015. The policy outlined that a warm welcome was extended to all visitors except when requested by the resident or when the visit or timing of the visit is deemed to pose a risk.

The centre was located close to a large town. There was a wide range of shops, restaurants and cafés in the town. A theatre, gym and cinema were nearby. Services such as a bank, post office and a library were available. A vehicle was available to provide residents with transport required for socialising.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The policy on admissions, transfers and discharge of residents, which had been reviewed in February 2014, was made available to the inspector. The policy outlined the transparent criteria for admission and took account of the need to protect residents from abuse by their peers.

The provider had applied to register a new centre and, at the time of the inspection, no residents were living in centre. Two prospective residents had been identified to move into the centre. Both of the prospective residents attended an individualised day service which was based in the centre. The person in charge had completed a compatibility assessment of the two residents which was comprehensive and outlined additional supports that may be required for the prospective residents to pursue individual interests. No barriers to compatibility had been identified in the assessment. The transition plan for each resident was made available to the inspector. The transition plan was comprehensive and reflected the resident's individual needs, wishes and preferences. The inspector spoke with a prospective resident's representative who outlined that the resident had been encouraged to choose her bedroom and had input in the décor of the centre. The resident's representative outlined that she was very pleased with the location of the centre within the resident's own community.

A sample of the written contract was made available which dealt with the support, care and welfare of the resident in the centre and included details of the services to be

provided. The fees and additional charges were included. The contract was also available in an accessible format.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A discovery document was used to assess the health, personal, social care and support needs of the resident prior to admission and annually thereafter. The discovery document formed the basis of an individual personal plan (IPP).

The inspector reviewed a template of the discovery document and noted that it covered a number of domains including relationships, home, nutrition, respect, rights, finance, leisure, spirituality, life transitions, healthcare, education, lifelong learning and employment support services, social links, personal support network, transport and mobility.

The template for the IPP was made available to the inspector. A robust process was in place to ensure that the IPP was developed for each resident no later than 28 days after admission to the centre, in consultation with the resident and their family. The template for the IPP allowed for the inclusion of a comprehensive life story, family support network and important background information. A wide range of domains were included in the IPP template which reflected the areas covered in the discovery document. The template for the IPP included a system to outline goals and objectives, in consultation with the resident. The template for the IPP allowed for the documentation of a timeframe and a person responsible for supporting the resident to pursue these goals. The person in charge confirmed that a system was in place to provide each resident with the IPP in an accessible format.

The person in charge outlined that the planned supports would be put in place to support residents as they move into the centre. However, an assessment of the centre

by an occupational therapist to identify any adaptations that may be required to ensure that the premises meets each potential resident's individual needs in relation to impaired mobility was yet to be completed. The person in charge confirmed that an appointment had been made with the occupational therapist and the assessment was to be completed shortly after the inspection.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The inspector reviewed a template for the booklet and saw that the template recorded comprehensive information in relation to the needs of the resident including communication, personal care and healthcare.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre was in line with the centre's statement of purpose. The centre was decorated in a bright, modern, homely and comfortable way. The centre was a domestic two storey house located in within a mature housing development close to a large town. The premises had been recently renovated with modern fixtures and fittings. There was a large garden to the front and rear of the bungalow. A pleasant seating area was provided in the rear garden. Ample parking was provided.

There was adequate private and communal space for residents. The premises provided five bedrooms; three bedrooms for resident use, a bedroom for staff use and a bedroom was to be converted into a multipurpose room for relaxation and recreation for residents. A bedroom was provided for each resident and the prospective residents reported that they had been encouraged to personalise their bedrooms with their individual choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample built-in storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a large sitting room and dining area. All rooms were of ample size and suitable layout.

There were adequate sanitary facilities provided. The bedroom on the ground floor and the staff bedroom on the first floor both had an en suite shower room. A large shower room was provided on the ground and first floor. The shower rooms comprised a toilet, sink and shower. Discreet storage was provided in sanitary facilities for residents' personal toiletries.

The centre was clean, suitably decorated and well maintained. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. A separate staff office was available on the first floor.

The centre had a separate kitchen that was fitted with appropriate cooking facilities and equipment. Adequate laundry facilities were provided for residents to launder their own clothes if they so wish. A contract was in place for the disposal of waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Overall, the provider was committed to protecting and promoting the health and safety of the all in the centre. A proactive approach had been implemented in relation to risk management. However, some improvement was required in relation to risk assessments and the infection prevention and control policy.

There was a health and safety statement in place, dated July 2014, which outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk.

The inspector reviewed the risk register which had been developed in April 2016 and saw that there was a system to identify and review hazards on an ongoing basis. The risks identified specifically in the regulations were included in the risk register. However, the inspector noted some risks in the centre that had not been included in the risk register including unrestricted windows on the first floor and the unrestricted access to latex gloves.

A quarterly health and safety was completed in the centre which examined areas such as fire safety, first aid, lighting, equipment, electricity, chemical safety, personal protective equipment (PPE), manual handling, storage, ventilation and water temperature regulation. The person in charge confirmed that a robust system was in place to ensure that any actions identified would be completed in a timely fashion.

A comprehensive emergency plan was in place, dated April 2016, which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

Arrangements were in place for the identification, reporting, investigating and learning from accidents and incidents. The person in charge demonstrated a proactive approach to risk management. An online system for incident reporting had recently been introduced across the organisation which allowed for the timely investigation of all incidents, identification of any trends and review of the effectiveness of preventative actions. The system allowed for the information to be collated into a report which was to be reviewed quarterly by the regional manager and every six months by the service manager.

A fire safety report from a suitably qualified person, dated November 2015, was made available to the inspector. The report outlined a number of actions to be undertaken by the provider to ensure adequate fire safety systems and precautions were in place including the installation of fire resistant doors, provision of fire safety signage, fitting of 'fire stop' voids in the hot press, removal of furniture that was not fire retardant and the installation of emergency lighting. The inspector confirmed that these actions had all been completed.

Suitable fire safety equipment was provided throughout the centre. Fire safety equipment was serviced annually, most recently in February 2016. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation in event of fire was displayed in a number of areas. The fire panel and emergency lighting were serviced on a quarterly basis, most recently in May 2016. A template of the daily and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and evacuation procedure.

The training matrix template confirmed that staff identified to work in the centre had completed fire training and that the training was mandatory across the organisation. A template for fire drill records was made available to the inspector which allowed for a detailed description of the fire drill, duration, participants and any issues identified to be maintained. The fire procedures for the centre outlined that fire drills were to be undertaken at least every six months.

A personal emergency evacuation plan (PEEP) had been developed for each prospective resident which outlined the method of assistance required, equipment required, egress procedure and safe route. The fire procedures outlined that PEEP was updated regularly in line with the resident's changing needs.

Procedures were also in place for the prevention and control of infection. The infection prevention and control policy contained comprehensive information in relation to the management and disposal of sharps, hand hygiene, waste disposal, food safety and the management of an outbreak of norovirus. The centre was visibly clean and there were adequate hand sanitising and washing facilities for residents, staff and visitors. Staff with whom the inspector spoke confirmed that a colour coded system was in place to prevent cross-contamination during food preparation and cleaning. The inspector saw that personal protective equipment such as gloves, aprons and alginate bags were available. The training matrix confirmed that infection prevention and control training was mandatory for all staff. However, a member of staff identified to work in the centre had not yet completed this training and this was confirmed with the staff member and the person in charge. In addition, the infection prevention and control policy did not include the management of other outbreaks of common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles to effectively guide staff.

The training matrix confirmed that training in moving and handling had been completed by all staff identified to work in the centre and was mandatory across the organisation.

A template for vehicle checks was made available to the inspector which included checks of roadworthiness, servicing, insurance and safety equipment.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. However, not all staff spoken with demonstrated adequate knowledge in relation to safeguarding.

There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in February 2015 with an addendum in March 2016 to reflect the updated national policy. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. The policy included a reporting pathway if the allegation was made against a member of the management team. The policy was also available in an accessible format for residents and the person in charge confirmed that safeguarding was a standing item on the agenda for house meetings.

The intimate care policy, reviewed in May 2015, outlined how residents and staff were protected. The policy outlined that a personal care plan was developed for each resident and was reviewed on a regular basis. The inspector saw a template for the personal care plan which outlined the supports required, resident's preference in relation to the gender of staff delivering personal care and tasks with which the resident required support.

The training matrix confirmed that training in relation to responding to incidents, suspicions or allegations of abuse had been completed by all staff identified to work in the centre and was mandatory across the organisation. Staff with whom the inspector spoke were all knowledgeable of what constitutes abuse and many articulated the appropriate steps to take in the event of an incident, suspicion or allegation of abuse. However, not all staff spoken with confidently demonstrated adequate knowledge in relation to the steps to be taken in the event of an incident, suspicion or allegation of abuse.

The provider and person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was in place, ongoing training in understanding abuse was mandatory for staff, safeguarding was discussed at staff meetings and an open culture of reporting was promoted within the organisation.

The person in charge confirmed that staff would work alone in the centre and robust measures were in place to safeguard residents including unannounced visits from the person in charge, an open visiting policy and mandatory staff training. The contact details for the designated safeguarding officer and the confidential recipient were displayed in the centre. Measures were in place to assist and support residents to develop the knowledge, self-awareness, understanding and skills needed for self care and protection. However, these measures were not outlined in the lone working risk assessment.

The person in charge demonstrated comprehensive knowledge in relation to the recording and appropriate investigation of incidents, allegations and suspicions of abuse in line with national guidance and legislation.

A policy was in place to support residents with behaviour that challenges, reviewed in October 2014. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. The training matrix confirmed that training in the

management of behaviour that is challenging including de-escalation and intervention techniques had been completed by all staff identified to work in the centre and was mandatory across the organisation. The person in charge and staff were aware of the process to access specialist input in relation to behaviour support.

The policy in relation to restrictive practices was made available to the inspector. The policy had been reviewed in October 2014, was comprehensive and was in line with evidence-based practice. The policy stated that a restraint free environment was promoted.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector noted that a system was in place to ensure that a comprehensive record of all incidents was maintained. The person in charge and the person nominated to act on behalf of the provider demonstrated an awareness of the requirements of the regulations to make notifications to the Authority.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Systems were in place to ensure that residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

The national and local policies on access to education, training and development were made available to the inspector. The policies outlined that the organisation was committed to supporting residents in lifelong learning and to ensure the benefits of inclusion in education, training and development. Information was gathered in the discovery document to establish each resident's education, training and employment goals. The prospective residents attended an individualised day service based in the centre. The statement of purpose outlined that the centre aimed to encourage and support residents to 'become independently involved in activities and leisure pursuits in they enjoy within the community'. The statement of purpose also stated that the centre aimed to support residents 'around areas of employment and voluntary work where they choose to seek employment'. The organisation had links with local organisations who provided support in accessing education, voluntary work and supported employment in the community. There were public transport links to the nearby town and a vehicle was also provided.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to meet residents' healthcare needs through timely access to health care services and appropriate treatment and therapies. The person in charge confirmed that residents would be supported to access a medical practitioner of their choice and an "out of hours" service was available if required. The person in charge confirmed that, where treatment was recommended and agreed by residents, this treatment would be facilitated. Residents' right to refuse medical treatment would be respected. The statement of purpose outlined that, in line with their needs, access to allied healthcare professionals including psychiatry, psychology and dietetics was facilitated. The inspector saw that the person in charge had made contact with consultants and allied healthcare professionals involved in prospective residents' healthcare to identify support needs.

A bereavement and end of life policy, reviewed in October 2014, was made available to the inspector which described the procedure to be followed in the event of a sudden or unexpected death. The policy outlined that a proactive approach was to be taken in order to ascertain residents' views in relation to loss, death, dying and end of life.

Easy read information was made available to residents in relation to healthy living choices. The statement of purpose stated that a healthy lifestyle, diet and exercise were promoted.

Suitable facilities were provided for residents to be involved in the preparation and cooking of meals. The food and nutrition policy, reviewed in December 2014, stated that a choice would be provided to residents for all meals. The policy gave guidance for staff in relation to menu planning to ensure that meals were nutritious and varied. There was adequate provision for residents to store food in hygienic conditions.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a medicines management policy in place which had been reviewed in April 2016. The policy detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines. The policy outlined that residents were facilitated to access a pharmacist of their choice and that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

The person in charge and staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Measures were in place for the secure storage of medicines.

The template for medication prescription and administration records was reviewed. Medication administration records identified the medicines on the prescription and allowed space to record comments on withholding or refusing medications.

The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A

comprehensive and individualised risk assessment was available which took into account cognition, communication, reception and dexterity. Appropriate controls were outlined in the policy to ensure compliance and concordance.

The manner in which medications which are out of date or dispensed to a resident but are no longer needed was managed was outlined in the medicines management policy. These medicines were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A template of the returns form was available which allowed for an itemised, verifiable audit trail.

The inspector reviewed the templates which recorded the checking process to confirm that the medicines received from the pharmacy correspond with the medication prescription records. The medicines management policy outlined that stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies. A system was in place for reviewing and monitoring safe medicines management practices through regular audit. The training matrix confirmed that all staff identified to work in the centre had received training in medicines management and that this training was mandatory across the organisation.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available to residents and their representatives.

The statement of purpose contained all of the information required by Schedule 1 of the regulations and had been last reviewed in May 2016.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was also appointed as the person in charge in four other centres. The person in charge outlined that two persons participating in management (the regional manager and a social care worker) were appointed in the centre to ensure the effective governance, operational management and administration of the centre. The social care worker had not commenced employment in the centre at the time of the registration inspection. A process was in place for monthly meetings between the person in charge and the social care worker.

There were established regular monthly management meetings and the inspector saw minutes of these meetings. The person in charge outlined that she had regular informal contact and formal supervision every four months with her line manager who was the regional manager.

The inspector concluded that the person in charge provided effective governance, operational management and administration of this centre. The person in charge had worked with the organisation since 2006 in a management role and confirmed that she was enrolled on a course to attain a postgraduate qualification in management which was due to commence in late May 2016. The person in charge was employed full time by the organisation.

Arrangements were in place for the provider to undertake an unannounced visit to the centre every six months to assess quality and safety of the care and support in the centre. The provider was aware of the requirement to complete an annual review of the quality and safety of care in the centre and to make this review available to residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. A senior staff member was identified to deputise for the person in charge in her absence who demonstrated a good understanding of the responsibilities when deputising for the person in charge. The inspector was satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. The inspector observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A sample proposed staff roster was made available to the inspector which showed the staff on duty during the day and the waking and sleepover staff on duty at night. A clear documented rationale for the proposed staffing complement and skill mix in line with residents' assessed needs was made available to the inspector. The person in charge outlined the measures in place to ensure that a regular team supported residents to provide continuity of care and support.

The recruitment, selection and vetting of staff policy, reviewed in October 2014, outlined effective procedures. A robust induction was in place which included job shadowing including sleepover shifts, policies and procedures, residents' personal plans, safeguarding, incident reporting, complaints management, notifications and documentation.

A system of formal and informal staff supervision was in place which included regular staff meetings, formal supervision meetings and appraisals.

A programme of ongoing training demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Further education and training to be completed by staff included mandatory training and training in first aid, food safety, epilepsy, advocacy, risk management, restrictive practices and medicines management.

The inspector saw that copies of both the regulations and the standards were available to staff.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The records listed in Schedules 2, 3 and 4 of the regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the regulations were in place. These policies were stored in the centre and were easily accessible for staff. A process was in place to ensure that policies and procedures were reviewed and updated to reflect best practice and at intervals not exceeding three years.

Records were kept securely, were easily accessible and were kept for the required period of time. A system was in place to store residents' records were stored securely. The inspector found that the system in place for maintaining files and records was very well organised.

Residents' records as required under Schedule 3 of the regulations were maintained.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0005361
Date of Inspection:	11 May 2016
Date of response:	9 July 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The lock to the en suite sanitary facilities was unsuitable.

Inadequate screening had been provided in the large bay window of a bedroom to ensure the occupant's privacy and dignity.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

1. Thumb Turn locks will be installed in the en-suite bathroom as a replacement to the traditional type lock and key
2. Adequate screening of the large bay window will be provided by installing violet curtains which will be in addition to the curtains already in place.

Proposed Timescale: 30/08/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An assessment of the centre by an occupational therapist to identify any adaptations that may be required to ensure that the premises meets each resident's individual needs was yet to be completed.

2. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

Please state the actions you have taken or are planning to take:

1. An OT Assessment has been carried out in relation to the premises

Proposed Timescale: 31/05/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some risks in the centre that had not been included in the risk register.

3. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

1. The risk register of the centre will be updated to include all risks identified by the inspector

Proposed Timescale: 31/07/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A member of staff identified to work in the centre had not yet completed infection prevention and control training.

The infection prevention and control policy did not include the management of outbreaks of many common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles to effectively guide staff.

4. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:

1. The identified member of staff has completed infection prevention and control training on 21st June 2016.
2. The infection prevention and control policy will be updated to include the management of outbreaks of many common infections in the community such as influenza, scabies, rotavirus and chickenpox/shingles to effectively guide staff.

Proposed Timescale: 30/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One staff member did not confidently demonstrate adequate knowledge in relation to the steps to be taken in the event of an incident, suspicion or allegation of abuse.

The lone working risk assessment did not document the measures in place in relation to safeguarding residents.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

1. The staff member who did not confidently demonstrate adequate knowledge in relation to the steps to be taken in the event of an incident, suspicion or allegation of abuse will take part in further Protection and Safety of Vulnerable Adults training.
2. The lone working risk assessment will be updated to include measures in place to safeguard residents

Proposed Timescale: 30/09/2016